MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9718

CERTIFICATE OF DEATH

Reg. Dist. No. 09728 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Frederick MARYLAND

CITY (If outside corporate limits, write RURAL OR ~~TOWN~~ and give nearest town) Frederick

LENGTH OF STAY (in this place) Lifetime

HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Frederick

~~CITY~~ OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Araby - Nr. Frederick

STREET ADDRESS (If rural give location) Araby

3. NAME OF DECEASED: (Type or Print) (First) IRA (Middle) DANIEL (Last) AUSHERMAN

4. DATE OF DEATH: (Month) October (Day) 13 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. ~~SINGLE~~, MARRIED, WIDOWED, ~~DIVORCED~~, (Specify): Married

8. DATE OF BIRTH: May 10, 1891

9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Section Foreman

10b. KIND OF BUSINESS OR INDUSTRY: Railroad

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Lewis Ausherman

14. MOTHER'S MAIDEN NAME: Ann Catherine DeLauter

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 705-10-2005

17. INFORMANT & ADDRESS: Mrs. Ira D. Ausherman - Araby, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

420.1

Immediate cause (a) Coronary Thrombosis — 10/6/55

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Second Coronary — 10/1/55

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 6, 1955, to Oct 13, 1955, that I last saw the deceased alive on Oct. 13, 1955, and that death occurred at 5:20 P.M., from the causes and on the date stated above.

SIGNATURE B. Thomas M.D. (Degree or title) ADDRESS Frederick, Md DATE SIGNED 10/14/55

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify) Burial

DATE THEREOF Oct. 16, 1955

NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery

LOCATION (City, town, or county) Frederick, (State) Maryland

DATE REC'D BY LOCAL REGISTRAR 14 October 1955

REGISTRAR'S SIGNATURE Elizabeth G. Heck

24. FUNERAL DIRECTOR C. E. Cline & Son - Frederick, Maryland ADDRESS

VS. A15

09729

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9719

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Frederick
LENGTH OF STAY (in this place) 6 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 116 East Seventh Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
STREET ADDRESS (If rural give location) 116 East Seventh Street

3. NAME OF DECEASED: (Type or Print) (First) ALMA (Middle) JANE (Last) AXLINE

4. DATE OF DEATH: (Month) (Day) (Year) October 5, 1955

5. SEX: Female
6. COLOR OR RACE: White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~ (Specify): Married
8. DATE OF BIRTH: 22 July 1888
9. AGE last birthday 67 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House-work
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Canada
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John William Henderson
14. MOTHER'S MAIDEN NAME: Minnie Forrester

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Harry D. Axline, 116 E. 7th St., Frederick, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 IMMEDIATE CAUSE (A) Coronary Occlusion — 15 min

ANTECEDENT CAUSE (S) DUE TO (B) Coronary Sclerosis

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Moderate hypertension — 15 yrs

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to 10/5, 1955, that I last saw the deceased alive on Sept 2, 1955, and that death occurred at 9:45 A M, from the causes and on the date stated above.

SIGNATURE C. Lachlan Price M.D. ADDRESS Jefferson, Maryland DATE SIGNED 5 Oct 1955

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (SPECIFY) Burial
DATE THEREOF 8 Oct 1955
NAME OF CEMETERY OR CREMATORY St. Mark's Cemetery
LOCATION (City, town, or county) (State) Petersville, Maryland

DATE REC'D BY LOCAL REGISTRAR 7 Oct. 1955
REGISTRAR'S SIGNATURE Elizabeth G. Heck

24. FUNERAL DIRECTOR M. R. Etchison & Son ADDRESS Frederick, Maryland

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09730

9747

CERTIFICATE OF DEATH

Reg. Dist. No. 140

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Woodsboro X
LENGTH OF STAY (in this place) years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 70

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodsboro X
STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED: (Type or Print) (First) LAURA (Middle) PRISCILLA (Last) BARRICK

4. DATE OF DEATH: (Month) Oct (Day) 10 (Year) 1955

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): W

8. DATE OF BIRTH: Dec 5. 1870

9. AGE last birthday 84 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10B. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Abraham Long

14. MOTHER'S MAIDEN NAME: Amanda Menger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: A Lamar Barrick, Woodsboro, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

180X

IMMEDIATE CAUSE (A) Carcinoma left kidney — INTERVAL BETWEEN ONSET AND DEATH: 8 months

DUE TO

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B)

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. urethral stricture

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 Oct, 1954, to 10/10, 1955, that I last saw the deceased alive on 10/10/55, 1955, and that death occurred at 8:30 A M, from the causes and on the date stated above.

SIGNATURE James E. Hoover Jr. M. D. ADDRESS Walkersville, Md DATE SIGNED 10/10/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: Oct 12-1955 — NAME OF CEMETERY OR CREMATORY: Mt Hope — LOCATION (City, town, or county) (State): Woodsboro Md.

DATE REC'D BY LOCAL REGISTRAR: Oct. 12. 1955 — REGISTRAR'S SIGNATURE: L. C. Powell

24. FUNERAL DIRECTOR: Powell & Hartsler — ADDRESS: Woodsboro, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9748

CERTIFICATE OF DEATH

Reg. Dist. No. 13 09731

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
~~CITY~~ OR TOWN (If outside corporate limits, write RURAL and give nearest town) Middletown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Frederick
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town)
OR TOWN Middletown
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) LAURA VIRGINIA BEACHLEY

4. DATE OF DEATH: (Month) (Day) (Year) 10 - 7 - 1955

5. SEX: Female

6. COLOR OR RACE: white

7. ~~SINGLE, MARRIED, WIDOWED, DIVORCED~~, (Specify): widowed

8. DATE OF BIRTH: 2-4-1871

9. AGE last birthday 84 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10B. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Lewis Ahalt

14. MOTHER'S MAIDEN NAME: Margaret Flook

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: J. Claude Beachley, Middletown, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442X

IMMEDIATE CAUSE (A) Cardio-Renal-Vascular disease — INTERVAL BETWEEN ONSET AND DEATH 2 yrs

DUE TO

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Arteria Sclerosis

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1955, to Oct 7, 1955, that I last saw the deceased alive on Oct 6, 1955, and that death occurred at 11:30 A M, from the causes and on the date stated above.

SIGNATURE J E Harp M. D. ADDRESS Middletown DATE SIGNED Oct 7 55

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (SPECIFY) Burial — DATE THEREOF 10-10-1955 — NAME OF CEMETERY OR ~~CREMATORY~~ Lutheran Cemetery — LOCATION (City, town, or county) (State) Middletown, Md.

DATE REC'D BY LOCAL REGISTRAR 10-8-1955 — REGISTRAR'S SIGNATURE Elizabeth G. Hark

24. FUNERAL DIRECTOR Gladhill Co. ADDRESS Middletown, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

9749

Reg. Dist. No. 09732 9

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Sabillasville
LENGTH OF STAY (in this place) 40 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Frederick
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Sabillasville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Samuel (Middle) Phillippy (Last) Bittner

4. DATE OF DEATH: (Month) Oct (Day) 6 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed
8. DATE OF BIRTH: Oct.15.1883
9. AGE last birthday 71 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10B. KIND OF BUSINESS OR INDUSTRY: Own Farm
11. BIRTHPLACE (State or foreign country): Penna.
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: John C. Bittner
14. MOTHER'S MAIDEN NAME: Mary C. Phillippy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO. No
17. INFORMANT & ADDRESS: Lester G.Bittner Sabillasville Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
420.1 IMMEDIATE CAUSE	(A) Coronary Thrombosis i Myocardial infarction	15 Hours
ANTECEDENT CAUSE (S) DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) Arteriosclerosis i Cardiac Decompensation DUE TO	4 years
	(C)	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6 Oct, 1955, to 6 Oct, 1955 that I last saw the deceased alive on 6 Oct, 1955, and that death occurred at 5:15 P.M., from the causes and on the date stated above.

SIGNATURE Roland A. Thurlow M.D. ADDRESS Blue Ridge Summit, Pa. DATE SIGNED 6 Oct 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Oct.9.1955
NAME OF CEMETERY OR CREMATORY Blue Ridge Cem.
LOCATION (City, town, or county) (State) Thurmont.Frederick.Co. MD

DATE REC'D BY LOCAL REGISTRAR 10/7/55
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR M.L.Creager & Son. ADDRESS Thurmont. MD

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

9720

Reg. Dist. No. 09733 13

1. PLACE OF DEATH:

COUNTY FREDERICK MARYLAND

CITY (If outside corporate limits, write RURAL OR ~~TOWN~~ and give nearest town) FREDERICK

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS 914, WALNUT ST.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE MARYLAND COUNTY FREDERICK

CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick

STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) CORA (Middle) M. (Last) BOWERS

4. DATE OF DEATH: (Month) OCT. (Day) 18. (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. ~~SINGLE, MARRIED, WIDOWED, DIVORCED~~ (Specify) Widowed

8. DATE OF BIRTH: Dec. 14, 1872

9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR: Months 10 Days 4 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: House Wife

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Solomon Matthews

14. MOTHER'S MAIDEN NAME: Isabell Brown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Roland R. Bowers, Son. 914 Walnut St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

181X

Immediate cause (a) Carcinoma of Urinary Bladder with Secondary involvement of rt Kidney

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Right Hydronephrosis with bony metastasis to pelvis

DUE TO

(c)

Interval Between Onset And Death ?

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug, 1955, to Oct 18, 1955, that I last saw the deceased alive on Oct 10, 1955, and that death occurred at 10.50 PM from the causes and on the date stated above.

SIGNATURE J Z Harp (Degree or title) MD ADDRESS Middletown DATE SIGNED 10-19-55

23. BURIAL, ~~CREMATION, REMOVAL~~ (Specify) BURIAL

DATE THEREOF October 22, '55

NAME OF CEMETERY OR CREMATORY ODD FELLOWS CEMETERY

LOCATION (City, town, or county) (State) MILFORD, DELEWARE

DATE REC'D BY LOCAL REGISTRAR 20 October 1955

REGISTRAR'S SIGNATURE Elizabeth G. Heck

24. FUNERAL DIRECTOR ROBERT E. DAILEY, ADDRESS 1201, N. Market St. FREDERICK. Maryland.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09734

9750 **CERTIFICATE OF DEATH** Reg. Dist. No. 131

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
~~CITY~~ OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Rural Middletown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Frederick
~~CITY~~ OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Rural Middletown
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Katie (Middle) E. (Last) Bowlus

4. DATE OF DEATH: (Month) 10 (Day) 25 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: white
7. ~~SINGLE, MARRIED, WIDOWED, DIVORCED~~ (Specify): widowed
8. DATE OF BIRTH: 2-14-1867
9. AGE last birthday 88 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10B. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Casper Pfeifer
14. MOTHER'S MAIDEN NAME: Clara Meehling

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT & ADDRESS: G. Aubrey Bowlus, Middletown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE 442X (A) Cardio-Renal Vascular disease — 3 yrs

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C) Arterio-sclerosis

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. —

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1952, 19..., to Oct 25, 1955 that I last saw the deceased alive on Sept 29 1955, and that death occurred at 8 A M, from the causes and on the date stated above.

SIGNATURE J. E. Harp M.D. ADDRESS Middletown DATE SIGNED 10-26-55

23. BURIAL, ~~CREMATION, REMOVAL~~ (SPECIFY) Burial
DATE THEREOF 10-27-1955
NAME OF CEMETERY OR CREMATORY Union Cemetery
LOCATION (City, town, or county) (State) Burkittsville, Md.

DATE REC'D BY LOCAL REGISTRAR 10-26-1955
REGISTRAR'S SIGNATURE Elizabeth G. Heck
24. FUNERAL DIRECTOR Gladhill Co. ADDRESS Middletown, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09735

9751 **CERTIFICATE OF DEATH** Reg. Dist. No. 8

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Union Bridge
LENGTH OF STAY (in this place) 9 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rural

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Union Bridge
STREET ADDRESS (If rural give location) Rural

3. NAME OF DECEASED: (Type or Print) (First) IRA (Middle) CLINTON (Last) BUFFINGTON

4. DATE OF DEATH: (Month) Oct. (Day) 14 (Year) 1955

5. SEX: male 6. COLOR OR RACE: white 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married 8. DATE OF BIRTH: 1/19/1889 9. AGE last birthday 66 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer 10B. KIND OF BUSINESS OR INDUSTRY: retired 11. BIRTHPLACE (State or foreign country): Maryland 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John E. Buffington 14. MOTHER'S MAIDEN NAME: Martha Bohn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) no 16. SOCIAL SECURITY NO. none 17A. INFORMANT & ADDRESS: Edna C. Buffington, Union Bridge Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

200.1

IMMEDIATE CAUSE (A) Lymphosarcoma

DUE TO

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B)

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 2, 1955, to 10-14-, 1955, that I last saw the deceased alive on 10-14-, 1955, and that death occurred at 2:15 M, from the causes and on the date stated above.

SIGNATURE J. H. Legg M.D. ADDRESS Union Bridge Md DATE SIGNED 10-14-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) buried DATE THEREOF 10/17/55 NAME OF CEMETERY OR CREMATORY Mt. Union Cem. LOCATION (City, town, or county) Union Bridge Md (State)

DATE REC'D BY LOCAL REGISTRAR Oct. 13, 1955 REGISTRAR'S SIGNATURE Leslie L. Repp 24. FUNERAL DIRECTOR D. D. Harker & Sons ADDRESS Union Bridge Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

9752

09736 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 141

1. PLACE OF DEATH: COUNTY Frederick MARYLAND

CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Rural Knoxville

LENGTH OF STAY (in this place) 2yr

HOSPITAL OR INSTITUTION OR STREET ADDRESS Mountain Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Fred.

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Rural Knoxville

STREET ADDRESS (If rural, give location) Mountain Road

3. NAME OF DECEASED: (Type or Print) (First) Ethel (Middle) — (Last) Butler

4. DATE OF DEATH (Month) 10 (Day) 11 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 9-19-1903

9. AGE last birthday: 52 yrs.

IF UNDER 1 YEAR: Months Days

IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Housekeeping work

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A

13. FATHER'S NAME: Henry Gilbe

14. MOTHER'S MAIDEN NAME: Nellie Nightingale

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Charles R. Butler, Knoxville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1

Immediate cause (a) Coronary occlusion

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH: 5 minutes

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE B. O'Shea M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED Oct. 11-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 10-15-55

NAME OF CEMETERY OR CREMATORY Mountain

LOCATION (City, town, or county) (State) Knoxville, Maryland

DATE REC'D BY LOCAL REG. Oct 12-55

REGISTRAR'S SIGNATURE Kathryn H. Brown

24. FUNERAL DIRECTOR C. H. Fuller Sr

ADDRESS Brunswick Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09737

9721

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Frederick
LENGTH OF STAY (in this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 169 Frederick Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Frederick
~~CITY~~ OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Rural, Nr. Frederick
STREET ADDRESS (If rural give location) Hausonville

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) WALTER (Last) CLEMSON

4. DATE OF DEATH: (Month) Oct (Day) 5 (Year) 1955

5. SEX: M
6. COLOR OR RACE: W
7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED~~ (Specify): Widowed
8. DATE OF BIRTH: April 19, 1873
9. AGE last birthday 82 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10B. KIND OF BUSINESS OR INDUSTRY: owner
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Nicholas H. Clemson
14. MOTHER'S MAIDEN NAME: Mary Elizabeth Cramer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Dr. W. Buckey Clemson, 101 Turnbridge Rd., Balto., Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

IMMEDIATE CAUSE (A) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/29/55, 19..., to 10/5, 1955, that I last saw the deceased alive on 10/4, 1955, and that death occurred at 3.05 AM, from the causes and on the date stated above.

SIGNATURE James B. Thomas M. D. ADDRESS Frederick, Md. DATE SIGNED 10/6/55

23. BURIAL, ~~CREMATION,~~ ~~REMOVAL~~ (SPECIFY) Burial
DATE THEREOF Oct. 7, 1955
NAME OF CEMETERY ~~OR CREMATORY~~ Glade
LOCATION (City, town, or county) Walkersville (State) Md.

DATE REC'D BY LOCAL REGISTRAR 6 Oct 1955
REGISTRAR'S SIGNATURE Elizabeth S. Heck
24. FUNERAL DIRECTOR S. C. Barton, Walkersville
ADDRESS Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09738

9722

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND

CITY OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Frederick

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick

~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick-Rural RD#6

STREET ADDRESS (If rural give location) Bartonsville

3. NAME OF DECEASED: (Type or Print) (First) GEORGE (Middle) WALTER (Last) COLLINS

4. DATE OF DEATH: (Month) October (Day) 4, (Year) 1955

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, ~~MARRIED, WIDOWED, DIVORCED~~ (Specify): Single

8. DATE OF BIRTH: 29 Sept 1955

9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days 5 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George W. Stanton

14. MOTHER'S MAIDEN NAME: Yvonne Collins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Yvonne Collins, RD#6, Frederick, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

760.0

IMMEDIATE CAUSE (A) Cerebral anoxia — INTERVAL BETWEEN ONSET AND DEATH 2 days

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 2

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 29, 19..., to Oct. 4, 1955, that I last saw the deceased alive on Oct. 4, 1955, and that death occurred at 5:45P M, from the causes and on the date stated above.

SIGNATURE Bernard O. Kenney Jr. M. D. ADDRESS Frederick, Maryland DATE SIGNED 5 Oct 1955

23. BURIAL, ~~CREMATION, REMOVAL~~ (SPECIFY) Burial — DATE THEREOF 5 Oct 1955 — NAME OF CEMETERY OR CREMATORY Bartonsville Cemetery — LOCATION (City, town, or county) (State) Frederick County Maryland

DATE REC'D BY LOCAL REGISTRAR 5 Oct 1955 — REGISTRAR'S SIGNATURE Elizabeth B. Heck

24. FUNERAL DIRECTOR M. R. Etchison & Son — ADDRESS Frederick, Maryland

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9723

CERTIFICATE OF DEATH

Reg. Dist. No. 09739 31

Item 3: Film G187 10/13/552

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS 15 McMurray Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
STREET ADDRESS (If rural give location) 15 McMurray Street

3. NAME OF DECEASED: (Type or Print) (First) ROBERT (Middle) Wayne ~~WILLIAM~~ (Last) CRAMER

4. DATE OF DEATH: (Month) October (Day) 9 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, (Specify): Single

8. DATE OF BIRTH: September 12, 1955

9. AGE last birthday: yrs. IF UNDER 1 YEAR: Months Days 28 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Robert H. Cramer

14. MOTHER'S MAIDEN NAME: Pauline E. Fox

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mr. Robert H. Cramer - Frederick, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Cardiac failure — ?

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Congenital heart disease — 28 days.

DUE TO

(c)

754.4

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 12, 1955, to Oct. 9, 1955, that I last saw the deceased alive on Oct. 9, 1955, and that death occurred at 10:20 AM, from the causes and on the date stated above.

SIGNATURE Robert S. Turner Jr. (Degree or title) ADDRESS 7E. Church St. Frederick, Md DATE SIGNED 10-10-55

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify) Burial — DATE THEREOF Oct. 11, 1955 — NAME OF CEMETERY OR CREMATORY Pleasant Hill Cemetery — LOCATION (City, town, or county) (State) Yellow Springs, Nr. Frederick, Md.

DATE REC'D BY LOCAL REGISTRAR 10 October 1955 — REGISTRAR'S SIGNATURE Elizabeth S. Herb

24. FUNERAL DIRECTOR C. E. Cline & Son - Frederick, Maryland ADDRESS

2095191384

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09740

9753

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cullen
LENGTH OF STAY (in this place) 5565 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Victor Cullen State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 3Y01-4
STREET ADDRESS (If rural give location) 3221 St. Paul Street,

3. NAME OF DECEASED: (Type or Print) (First) Richard (Middle) W. (Last) Davidson

4. DATE OF DEATH: (Month) October (Day) 20, (Year) 19 55

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced
8. DATE OF BIRTH: Jan. 22, 1890
9. AGE last birthday 65 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Steel worker
10B. KIND OF BUSINESS OR INDUSTRY: Steel worker
11. BIRTHPLACE (State or foreign country): Dundee, Scotland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Peter Davidson
14. MOTHER'S MAIDEN NAME: Agnes Rollo

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 213-09-2388
17. INFORMANT & ADDRESS: ?

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

002X

IMMEDIATE CAUSE (A) Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH 15½ years.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 25, 1940 to Oct. 20, 1955, that I last saw the deceased alive on Oct. 20, 1955, and that death occurred at 7:12 A.M., from the causes and on the date stated above.

SIGNATURE M.D. ADDRESS Cullen, Maryland DATE SIGNED October 21, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 10-22-55 — NAME OF CEMETERY OR CREMATORY Blue Ridge Cem. — LOCATION (City, town, or county) (State) Thurmont, Md.

DATE REC'D BY LOCAL REGISTRAR 10/21/55 — REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09741

9724

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick

LENGTH OF STAY (in this place) 30 Years

HOSPITAL OR INSTITUTION OR STREET ADDRESS 625 Wilson Place

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick

CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick

STREET ADDRESS (If rural give location) 625 Wilson Place

3. NAME OF DECEASED: (Type or Print) (First) HUGH (Middle) REYNOLDS (Last) DEAN

4. DATE OF DEATH: (Month) October (Day) 13, (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED~~ (Specify): Widowed

8. DATE OF BIRTH: 4 March 1876

9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10B. KIND OF BUSINESS OR INDUSTRY: Farm Owner

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John A. Dean

14. MOTHER'S MAIDEN NAME: Mary Mainhart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. Unk

17. INFORMANT & ADDRESS: 625 Wilson Place, H. Albert Dean, Frederick, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

IMMEDIATE CAUSE (A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 days

DUE TO

ANTECEDENT CAUSE (S) (B) Chronic nephritis — 5 yrs

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) Arterio Sclerosis — 10 yrs.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19..., to Oct 12, 1955, that I last saw the deceased alive on Oct 12, 1955, and that death occurred at 4:45A M, from the causes and on the date stated above.

SIGNATURE H Klein M. D. ADDRESS Frederick, Maryland DATE SIGNED 13 Oct 1955

23. BURIAL, ~~CREMATION,~~ ~~REMOVAL~~ (SPECIFY) Burial — DATE THEREOF 15 Oct 1955 — NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery — LOCATION (City, town, or county) (State) Frederick, Maryland

DATE REC'D BY LOCAL REGISTRAR 14 October 1955 — REGISTRAR'S SIGNATURE Elizabeth G. Heck

24. FUNERAL DIRECTOR M. R. Etchison & Son — ADDRESS Frederick, Maryland

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

9754

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

09742

Reg. Dist. No. 138

1. PLACE OF DEATH COUNTY Frederick MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural X — LENGTH OF STAY (in this place) 6 Mos.

HOSPITAL OR INSTITUTION OR STREET ADDRESS Riggs Cottage Sanitarium 90

2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Frederick

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick-Rural RD#4 X

STREET ADDRESS (If rural, give location) Feagaville

3. NAME OF DECEASED (Type or Print) (First) ANNIE (Middle) MARY (Last) Derr

4. DATE OF DEATH (Month) OCT (Day) 23 (Year) 1955

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow

8. DATE OF BIRTH Feb 19 1889

9. AGE last birthday 66 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-work

10b. KIND OF BUSINESS OR INDUSTRY Own Home

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Harlan J. Beard

14. MOTHER'S MAIDEN NAME Ann R. Culler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS Miss E. Elizabeth Derr, Frederick, Maryland R. F. D. #4,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

334X

Immediate cause (a) Myocardial failure — 2 weeks

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Generalized arteriosclerosis — unknown

(c) Cerbral arteriosclerosis — 10 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 15, 1955, to Oct 23, 1955, that I last saw the deceased alive on Oct 23, 1955, and that death occurred at 7 00 A.m., from the causes and on the date stated above.

SIGNATURE Joseph Lerner (Degree or title) MD ADDRESS Gaithersville Md DATE SIGNED Oct 23 55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 25 Oct 1955 — NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery — LOCATION (City, town, or county) (State) Frederick, Maryland

DATE REC'D BY LOCAL REG. Oct 24-1955 — REGISTRAR'S SIGNATURE Lucian K Yakomi

24. FUNERAL DIRECTOR M. R. Etchison & Son — ADDRESS Frederick, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09743

9725

CERTIFICATE OF DEATH

Item 2, Film G188 11-10-55 et

Reg. Dist. No. 131

1. PLACE OF DEATH:

COUNTY Frederick MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick

LENGTH OF STAY (in this place) 4 years

HOSPITAL OR INSTITUTION OR STREET ADDRESS Home for the Aged

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Frederick

CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ ~~Frederick~~ Unionville

STREET ADDRESS (If rural give location) Home for the Aged - 115 Record St.

3. NAME OF DECEASED: (Type or Print) (First) ELLA (Middle) VIRGINIA (Last) ECKER

4. DATE OF DEATH: (Month) October (Day) 30 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, (Specify): Single

8. DATE OF BIRTH: August 6, 1865

9. AGE last birthday: 90 yrs.

IF UNDER 1 YEAR: Months Days

IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Seamstress

10b. KIND OF BUSINESS OR INDUSTRY: Own home Self-employed

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Ecker

14. MOTHER'S MAIDEN NAME: Augusta A. Barnes

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mrs. Lillian A. Nicodemus - Unionville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral hemorrhage — Interval Between Onset and Death: 48 hrs.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION**

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) **PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 28 Oct., 1955, to 30 Oct., 1955, that I last saw the deceased alive on 30 Oct., 1955, and that death occurred at 5:15 P.M., from the causes and on the date stated above.

SIGNATURE Charles H Conley (Degree or title) M.D. ADDRESS Frederick, Md. DATE SIGNED 31 Oct. 1955.

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~, (Specify) Burial

DATE THEREOF Nov. 2, 1955

NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery

LOCATION (City, town, or county) Frederick, (State) Maryland

DATE REC'D BY LOCAL REGISTRAR 1 Nov. 1955

REGISTRAR'S SIGNATURE Elizabeth G. Heck

24. FUNERAL DIRECTOR C. E. Cline & Son - Frederick, Maryland ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1 9755

CERTIFICATE OF DEATH

09744

Reg. Dist. No. 140

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Walkersville
LENGTH OF STAY (in this place) 47 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Frederick
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Walkersville
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) CLINTON (Last) FOGLE

4. DATE OF DEATH: (Month) October (Day) 3 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): widowed

8. DATE OF BIRTH: Nov. 7, 1870

9. AGE last birthday 84 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): General repairman

10B. KIND OF BUSINESS OR INDUSTRY: Flour mill

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Francis Fogle

14. MOTHER'S MAIDEN NAME: Margaret Irone

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 212-14-7154

17. INFORMANT & ADDRESS: Mr. Clyde H. Fogle, 603 Fairview Ave, Fred. Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE 420.1 (A) CORONARY THROMBOSIS & MYOCARDIAL INFARCTION — 9 day

DUE TO

ANTECEDENT CAUSE (S) (B) ARTERIOSCLEROTIC CVD — 10 YEARS

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. EMBOLISM, RIGHT BRACHIAL ARTERY — 3 day

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 April, 1947, to 3 Oct, 1955, that I last saw the deceased alive on 2 Oct, 1955, and that death occurred at 2:30 P M, from the causes and on the date stated above.

SIGNATURE James E. Stone Jr MD M. D. ADDRESS Walkersville, Md. DATE SIGNED 4 Oct 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Oct. 6, 1955 — NAME OF CEMETERY OR CREMATORY Glade Cemetery — LOCATION (City, town, or county) Walkersville (State) Md.

DATE REC'D BY LOCAL REGISTRAR Oct 4/5-5 — REGISTRAR'S SIGNATURE [illegible] — 24. FUNERAL DIRECTOR G.C. Barton — ADDRESS Walkersville, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9726 **CERTIFICATE OF DEATH** Reg. Dist. No. 09747 131

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL OR ~~TOWN~~ and give nearest town) 11 Frederick
LENGTH OF STAY (in this place) 30 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 69 Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DEASCED:
STATE Maryland COUNTY Frederick
~~CITY~~ OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Rural- Myersville X
STREET ADDRESS (If rural give location) Route # 1.

3. NAME OF DECEASED: (Type or Print) (First) LULU (Middle) MAY (Last) GAVER
4. DATE OF DEATH: (Month) October (Day) 6 (Year) 19 55
5. SEX: Female
6. COLOR OR RACE: White
7. ~~SINGLE, MARRIED, WIDOWED, DIVORCED~~, (Specify) Widowed
8. DATE OF BIRTH: July, 27, 1876
9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Frederick Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Charles Leatherman
14. MOTHER'S MAIDEN NAME: Unknown
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) ----------
16. SOCIAL SECURITY NO.: none
17. INFORMANT & ADDRESS: Glenn C. Gaver, Myersville, Md. Rt.#1

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

331X Immediate cause (a) Cerebral Hemorrhage — 2 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Advanced Generalized Arteriosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Advanced Coronary Sclerosis — 5 yrs

19a. DATE OF OPERATION: 0 — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/4, 1955, to 10/6, 1955, that I last saw the deceased alive on 10/5, 1955, and that death occurred at 12:45 A.M. from the causes and on the date stated above.

SIGNATURE C. Lawrence Bruce (Degree or title) MD ADDRESS Jefferson Md DATE SIGNED 10/7/55

23. BURIAL, ~~CREMATION, REMOVAL~~ (Specify) Burial — DATE THEREOF Oct. 8, 1955 — NAME OF CEMETERY ~~OR CREMATORY~~ United Brethern — LOCATION (City, town, or county) (State) Myersville, Fred. Co. Md.

DATE REC'D BY LOCAL REGISTRAR 8 October, 1955 — REGISTRAR'S SIGNATURE Elizabeth B. Heck

24. FUNERAL DIRECTOR Paul F. Bittle, Myersville, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

09745

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

9756

CERTIFICATE OF DEATH

Reg. Dist. No. 13

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR TOWN Libertytown
LENGTH OF STAY (in this place) years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR TOWN Libertytown
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) OTTO (Middle) (Last) Gertz
4. DATE OF DEATH (Month) Oct (Day) 26 (Year) 1955
5. SEX M
6. COLOR OR RACE W
7. ~~SINGLE~~, MARRIED, WIDOWED, ~~DIVORCED~~, (Specify) M
8. DATE OF BIRTH Oct 27 1895
9. AGE last birthday 59 yrs. If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) machinist
10b. KIND OF BUSINESS OR INDUSTRY factory
11. BIRTHPLACE (State or foreign country) Germany
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Henry E Gertz
14. MOTHER'S MAIDEN NAME Amelia Sabend
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 216-10-1369
17. INFORMANT AND ADDRESS Beulah Gertz, Libertytown, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1
Immediate cause (a) Coronary Thrombosis — 10 minutes

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Aortic Sclerosis — 2 yrs +
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 14, 1952, to Oct 26, 1955, that I last saw the deceased alive on Sept 26, 1955, and that death occurred at 3 45 p m., from the causes and on the date stated above.

SIGNATURE B O Thomas (Degree or title) MD ADDRESS Frederick Md DATE SIGNED Oct 27 55

23. BURIAL, CREMATION ~~REMOVAL~~ (Specify) Burial
DATE THEREOF 10/29/55
NAME OF CEMETERY OR CREMATORY Tarrymount
LOCATION (City, town, or county) (State) Libertytown, Md

DATE REC'D BY LOCAL REG. 29 Oct. 1955
REGISTRAR'S SIGNATURE Elizabeth G. Heck
24. FUNERAL DIRECTOR D D Hartsock & Sons ADDRESS Libertytown, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1 9757

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 09746

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 131

1. PLACE OF DEATH:

COUNTY Frederick MARYLAND

~~CITY~~ (If outside corporate limits, write RURAL OR and give nearest town) X ~~TOWN~~ Died enroute to Hospital

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Frederick

~~CITY~~ (If outside corporate limits write RURAL and give nearest town) OR ~~TOWN~~ Frederick-Rural-R.F.D.#6 X

STREET ADDRESS (If rural, give location) /

3. NAME OF DECEASED: (Type or Print) (First) ALGIE (Middle) LOUIS (Last) GOINS

4. DATE OF DEATH (Month) October (Day) 15, (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, (Specify): Single

8. DATE OF BIRTH: September 2, 1930

9. AGE last birthday: 25 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Carpenter

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Homer Goins

14. MOTHER'S MAIDEN NAME: Lillie Houndshell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes ✓ (If Yes, give war or dates of service) Korean War

16. SOCIAL SECURITY NO.: 212-24-5596

17. INFORMANT & ADDRESS: Mr. Homer Goins, R.F.D.#6, Frederick, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Broken neck — Instantaneous

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☑ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Route 15

21c. (City or town) Frederick (County) Md (State) 10

21d. TIME OF INJURY (Month) 15 (Day) 1955 (Year) (Hour) 4:45 M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☑

21f. HOW DID INJURY OCCUR? Collision of two automobiles

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☑, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [illegible] M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☑
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify): Burial

DATE THEREOF Oct. 18, 1955

NAME OF CEMETERY OR CREMATORY St. Johns Lutheran Cem.

LOCATION (City, town, or county) Creagerstown, Maryland (State)

DATE REC'D BY LOCAL REG. 17 Oct. 1955

REGISTRAR'S SIGNATURE Elizabeth G. Heck

24. FUNERAL DIRECTOR M. R. Etchison & Son

ADDRESS Frederick, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09748

9746

CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH:

COUNTY Frederick MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Brunswick

LENGTH OF STAY (in this place) 48 years

35

HOSPITAL OR INSTITUTION OR STREET ADDRESS I5 West "G"

00

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Frederic

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Brunswick

35

STREET ADDRESS (If rural give location) I5 West "G"

1

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Calvin (Last) Grove

4. DATE OF DEATH: (Month) IO (Day) 8 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Write word): Widowed

8. DATE OF BIRTH: 5- I6-I884

9. AGE last birthday: 7I yrs.

IF UNDER 1 YEAR: Months | Days

IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Retired Engineer

10b. KIND OF BUSINESS OR INDUSTRY: B.and O.R.R.Co

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Calvin Grove

14. MOTHER'S MAIDEN NAME: Louise Hankey

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

3

16. SOCIAL SECURITY NO.: 705-I2-2972

17. INFORMANT & ADDRESS: Earl A.Grove,Brunswick,Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0

Immediate cause (a) Arteriosclerosis — Interval Between Onset And Death: 10 yrs.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

0

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/11, 1948, to 10/8, 1955, that I last saw the deceased alive on 10/6, 1955, and that death occurred at 6 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[illegible] Brunswick Md 10/10/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: IO-II-55

NAME OF CEMETERY OR CREMATORY: Reformed

LOCATION (City, town, or county) (State): Knoxville,Maryland

DATE REC'D BY LOCAL REGISTRAR: Oct. 10-55

REGISTRAR'S SIGNATURE: Kathryn H. Brown

24. FUNERAL DIRECTOR ADDRESS: C.H.Feete and Bro.Brunswick,Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

09749

Reg. Dist. No. 3

9727

1. PLACE OF DEATH:
COUNTY F rederick MARYLAND
CITY (If outside corporate limits, write RURAL OR ~~TOWN~~ and give nearest town) Frederick
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 315 Madison Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Fred.
CITY OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Frederick
STREET ADDRESS (If rural give location) 315 Madison Street

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Elizabeth (Last) Hall
4. DATE OF DEATH: (Month) 10 (Day) 19 (Year) 19 55

5. SEX: Female
6. COLOR OR RACE: Colored
7. ~~SINGLE, MARRIED, WIDOWED, DIVORCED~~ (Specify): Widowed
8. DATE OF BIRTH: Aug. 26, 1860
9. AGE last birthday: 95 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: **************
11. BIRTHPLACE (State or foreign country): Frederick Co.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Charles E. Hall 315 Madison St. Fred. Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

Immediate cause (a) Acute cardiac failure — Interval Between Onset And Death: 3 mos

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Hypertension — yrs?

DUE TO

(c) Generalized Arteriosclerosis — yrs?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/12, 1955, to 10/19, 1955, that I last saw the deceased alive on 10/19, 1955, and that death occurred at 8:25 PM from the causes and on the date stated above.

SIGNATURE Kenneth C. Henson (Degree or title) M D ADDRESS Middletown, Md. DATE SIGNED 10/21/55

23. BURIAL, ~~CREMATION, REMOVAL~~ (Specify) Burial
DATE THEREOF 10-21-55
NAME OF CEMETERY OR CREMATORY St Johns
LOCATION (City, town, or county) Frederick (State) Md.

DATE REC'D BY LOCAL REGISTRAR 21 Oct. 1955
REGISTRAR'S SIGNATURE Elizabeth G. Heck

24. FUNERAL DIRECTOR Charles E. Hicks III ADDRESS Frederick, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

DR. HENSON

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9728

CERTIFICATE OF DEATH

09750

Reg. Dist. No. 131

1. PLACE OF DEATH:

COUNTY Frederick MARYLAND

CITY (If outside corporate limits, write RURAL OR ~~TOWN~~ and give nearest town) 11 Frederick

LENGTH OF STAY (in this place) 55 years

HOSPITAL OR INSTITUTION OR STREET ADDRESS 410 North Bentz Street

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Frederick

CITY OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Frederick 11

STREET ADDRESS (If rural give location) 410 North Bentz Street

3. NAME OF DECEASED: (Type or Print) (First) SHIRLEY (Middle) GILBERT (Last) HALLER

4. DATE OF DEATH: (Month) October (Day) 23 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. ~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify): Widowed

8. DATE OF BIRTH: August 25, 1895

9. AGE last birthday: 60 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Olivet Cleveland Gilbert

14. MOTHER'S MAIDEN NAME: Dovie Clem

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs. Millard G. Wireman - Frederick, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 X

Immediate cause (a) Cerebral hemorrhage — Interval Between Onset And Death: 10 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 20, 1955, to Oct 30, 1955, that I last saw the deceased alive on Oct 20, 1955, and that death occurred at 12:30 P.M. from the causes and on the date stated above.

SIGNATURE B. Thomas M.D. (Degree or title) ADDRESS Frederick DATE SIGNED Oct. 24-55

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify) Burial

DATE THEREOF Oct. 26, 1955

NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery

LOCATION (City, town, or county) (State) Frederick, Maryland

DATE REC'D BY LOCAL REGISTRAR 24 Oct 1955

REGISTRAR'S SIGNATURE Elizabeth G. Hecht

24. FUNERAL DIRECTOR C. E. Cline & Son - Frederick, Maryland ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09751

9729 **CERTIFICATE OF DEATH** Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Frederick
LENGTH OF STAY (in this place) ~~[illegible]~~
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Frederick
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
STREET ADDRESS (If rural give location) Route #5

3. NAME OF DECEASED: (Type or Print) (First) Judy (Middle) Ann (Last) Hanshew

4. DATE OF DEATH: (Month) October (Day) 18 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: October 18, 1955
9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 2 hr Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): INFANT
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Floyd Marshall Hanshew Sr.
14. MOTHER'S MAIDEN NAME: Carrie Anna Kemp

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
16. (If Yes, give war or dates of service)
SOCIAL SECURITY NO. NONE
17. INFORMANT & ADDRESS: mother - Frederick Rt #5

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

758.1
IMMEDIATE CAUSE (A) Atelectasis — 1/2 hour
DUE TO
ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Chondrodystrophia fetalis — at birth
DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 2
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 18, 1955, to Oct. 18, 1955, that I last saw the deceased alive on Oct. 18, 1955, and that death occurred at 3:20 a M, from the causes and on the date stated above.

SIGNATURE B. L. Thomas M. D. ADDRESS Frederick, Md DATE SIGNED Oct. 18-55

23. BURIAL, ~~CREMATION~~, REMOVAL (SPECIFY) BURIAL
DATE THEREOF 19 Oct 1955
NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery
LOCATION (City, town, or county) (State) Frederick, Md

DATE REC'D BY LOCAL REGISTRAR 19 Oct. 1955
REGISTRAR'S SIGNATURE Elizabeth S. Herb.
24. FUNERAL DIRECTOR M. R. Etchison and Son, ADDRESS Frederick, Md

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

20053474

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09752

1 9758

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cullen
LENGTH OF STAY (in this place) 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Victor Cullen State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland 01-02-2
STREET ADDRESS (If rural give location) 109 N. Chase Street

3. NAME OF DECEASED: (Type or Print) (First) Edmund (Middle) Joseph (Last) Kean, Jr.

4. DATE OF DEATH: (Month) Oct. (Day) 23 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 8/29/1928
9. AGE last birthday 27 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student
10B. KIND OF BUSINESS OR INDUSTRY: Student
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edmund Joseph Kean, Sr.
14. MOTHER'S MAIDEN NAME: Nancy Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) Korean War
16. SOCIAL SECURITY NO. 216-22-5233
17. INFORMANT & ADDRESS: Patient.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

002X

IMMEDIATE CAUSE (A) Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: 11 months.

DUE TO

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B)

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 13, 1955, to Oct. 23, 1955, that I last saw the deceased alive on Oct. 23, 1955, and that death occurred at 6:10 a.m. M, from the causes and on the date stated above.

SIGNATURE D. B. Lyon M.D. ADDRESS Cullen, Maryland DATE SIGNED October 24, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 10/26/55
NAME OF CEMETERY OR CREMATORY S.S. Peter & Paul Cem.
LOCATION (City, town, or county) (State) Cumberland, Allegany, Md.

DATE REC'D BY LOCAL REGISTRAR 10/24/55
REGISTRAR'S SIGNATURE D. B. Lyon
24. FUNERAL DIRECTOR George Funeral Home, Cumberland, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH

9730

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

09753

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
LENGTH OF STAY (In this place) 4 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Apt. 5-C Watkins Acres

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
STREET ADDRESS (If rural, give location) Apt. 5-C Watkins Acres

3. NAME OF DECEASED (Type or Print): (First) HELEN (Middle) MILDRED (Last) KEATS
4. DATE OF DEATH (Month) October (Day) 31, (Year) 1955
5. SEX Female
6. COLOR OR RACE White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) Married
8. DATE OF BIRTH 21 Oct 1893
9. AGE last birthday 62 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-wife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Pennsylvania
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Robert Bollinger
14. MOTHER'S MAIDEN NAME Anna Moore
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unk
17. INFORMANT AND ADDRESS Harold Keats, Apt. 5-C Watkins Acres Frederick, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

9771

Immediate cause (a) Hemorrage — 15 minutes

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Caused by laceration of neck on both sides - safty razor blade
(c) Self inflicted

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home
(CITY OR TOWN) Frederick (COUNTY) Frederick (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE B O Thomas M D (Degree or title) Deputy Medical Examiner ADDRESS Frederick, Md DATE SIGNED Oct. 31-55

23. ~~BURIAL~~, CREMATION, ~~REMOVAL~~, (Specify) Cremation
DATE THEREOF 1 Nov 1955
NAME OF CEMETERY OR CREMATORY Cedar Hill Crematory
LOCATION (City, town, or county) Suitland, Maryland (State)

DATE REC'D BY LOCAL REG. 31 October 1955
REGISTRAR'S SIGNATURE Elizabeth G. Heck
24. FUNERAL DIRECTOR M. R. Etchison & Son
ADDRESS Frederick, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

Item 8, Film 188 10-24-55 et

9731

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

09754

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Frederick
LENGTH OF STAY (in this place) 19 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 705 Motter Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
STREET ADDRESS (If rural give location) 705 Motter Avenue

3. NAME OF DECEASED: (Type or Print) (First) LUDWIG (Middle) HENRY (Last) KERN

4. DATE OF DEATH: (Month) October (Day) 15, (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~ (Specify): Married

8. DATE OF BIRTH: October 2, ~~1889~~, 1888

9. AGE last birthday 67 yrs.

IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Adam Kern

14. MOTHER'S MAIDEN NAME: Freda Derringer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO. 213-18-0744

17. INFORMANT & ADDRESS: 705 Motter Avenue, Mrs. Hattie S. Kern, Frederick, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

527.0

IMMEDIATE CAUSE (A) Pneumonia — 2 weeks

DUE TO

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Pulmonary Emphysema — 3 years

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arteriosclerotic Heart Disease — 2 years

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1953, to 15 Oct., 1955, that I last saw the deceased alive on 15 Oct., 1955, and that death occurred at 4:15A M, from the causes and on the date stated above.

SIGNATURE Thomas E. Stone M. D. ADDRESS Frederick, Maryland DATE SIGNED 10-17-1955

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (SPECIFY) Burial
DATE THEREOF Oct. 18, 1955
NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery
LOCATION (City, town, or county) (State) Frederick, Maryland

DATE REC'D BY LOCAL REGISTRAR 17 October 1955
REGISTRAR'S SIGNATURE Elizabeth S. Heck

24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

9759

09755 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 131

1. PLACE OF DEATH:

COUNTY Frederick MARYLAND

~~CITY~~ (If outside corporate limits, write RURAL OR ~~TOWN~~ and give nearest town) Frederick-Rural R.D.#5,

LENGTH OF STAY (in this place) Years

HOSPITAL OR INSTITUTION OR STREET ADDRESS Bower's Road

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Frederick

~~CITY~~ (If outside corporate limits write RURAL and give nearest town) OR ~~TOWN~~ Frederick-Rural-R.D.#5

STREET ADDRESS (If rural, give location) Bower's Road

3. NAME OF DECEASED: (Type or Print) (First) Melvin (Middle) IRA (Last) Kline

4. DATE OF DEATH (Month) October (Day) 19, (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. ~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify): Widower

8. DATE OF BIRTH: April 5, 1899

9. AGE last birthday: 56 yrs.

IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Retired Farm Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles D. Kline

14. MOTHER'S MAIDEN NAME: Iola Ann Rebecca Kline

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mr. C. Milton Kline, Frederick, R.D.#5, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

974X

Immediate cause (a) Strangulation

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH: hours

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No XX

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☑, Homicide ☐, Undetermined cause ☐.

SIGNATURE James B. Thomas M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☑

DATE SIGNED 10/19/55

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify): Burial

DATE THEREOF 22 Oct 1955

NAME OF CEMETERY OR CREMATORY Rocky Springs Cemetery

LOCATION (City, town, or county) (State) Nr. Frederick, Maryland

DATE REC'D BY LOCAL REG. 21 October 1955

REGISTRAR'S SIGNATURE Elizabeth G. Heck

24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9732

CERTIFICATE OF DEATH

09756

Reg. Dist. No. 131

1. PLACE OF DEATH:

COUNTY: Frederick — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~: Frederick

LENGTH OF STAY (in this place): 2 weeks

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Frederick Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Md — COUNTY: Frederick

~~CITY~~ OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town): Rural Creagerstown

STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) Nettie (Middle) Rebecca (Last) Kolb

4. DATE OF DEATH: (Month) October (Day) 8 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. ~~SINGLE, MARRIED, DIVORCED~~, WIDOWED (Specify): Widowed

8. DATE OF BIRTH: Mch.18.1884

9. AGE last birthday: 71 yrs.

IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. .A.

13. FATHER'S NAME: George S. Ramsburg

14. MOTHER'S MAIDEN NAME: Elenoir Holland

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No — (If Yes, give war or dates of service): No

16. SOCIAL SECURITY No.: No

17. INFORMANT & ADDRESS: Mrs Norman Burdette Rocky Ridge MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Acute coronary thrombosis

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerotic heart disease

DUE TO

(c) Diabetis mellitus

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — **19b. MAJOR FINDINGS OF OPERATION** — **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/26, 1955, to 10/8, 1955, that I last saw the deceased alive on 10/8, 1955, and that death occurred at 10 50 p.m., from the causes and on the date stated above.

SIGNATURE: A. A. Gearre M.D. (Degree or title) — ADDRESS: Frederick Md — DATE SIGNED

23. BURIAL, ~~CREMATION, REMOVAL~~ (Specify): Burial — DATE THEREOF: Oct. 11. 1955 — NAME OF CEMETERY OR CREMATORY: Creagerstown Cem — LOCATION (City, town, or county) (State): Creagerstown. MD

DATE REC'D BY LOCAL REGISTRAR: 10 Octobr 1955 — REGISTRAR'S SIGNATURE: Elizabeth S. Heck

24. FUNERAL DIRECTOR: M.L. Creager & Son. Thurmont. Md — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

9760

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 09757

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 131

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR TOWN Libertytown
LENGTH OF STAY (in this place) 8 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Frederick
~~CITY~~ (If outside corporate limits write RURAL and give nearest town) OR TOWN Libertytown
STREET ADDRESS (If rural, give location) Libertytown Road Rout 26

3. NAME OF DECEASED: (Type or Print) (First) Sarah (Middle) Catherine Idella (Last) Long
4. DATE OF DEATH (Month) Oct. (Day) 2 (Year) 1955
5. SEX: Female
6. COLOR OR RACE: White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify): married
8. DATE OF BIRTH: Oct. 9, 1889
9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Frederick Co
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: John Riley Keeney
14. MOTHER'S MAIDEN NAME: Anna Barbara Smith
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) no
16. SOCIAL SECURITY NO.: none
17. INFORMANT & ADDRESS: Harry A. Long Libertytown Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1 Immediate cause (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 8 minutes

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Hypertension — 4 yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home
21c. (City or town) Libertytown (County) Frederick (State) Md
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE B. Thomas M.D.
M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED Oct. 2-55

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify): Burial
DATE THEREOF 10/5/55
NAME OF CEMETERY OR CREMATORY Chapel Cem.
LOCATION (City, town, or county) (State) Libertytown Rural Md
DATE REC'D BY LOCAL REG. Oct 3/55
REGISTRAR'S SIGNATURE Elizabeth G. Heck
24. FUNERAL DIRECTOR Powell & Hartzler
ADDRESS Libertytown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10838

9761

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Frederick
LENGTH OF STAY (in this place) 15 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Shookstown Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Pa COUNTY
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR TOWN Holmes
10X-1
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) MARTIN (Last) McGREW

4. DATE OF DEATH: (Month) Oct. (Day) 20 (Year) 1955

5. SEX: M
6. COLOR OR RACE: W
7. ~~SINGLE~~, MARRIED, WIDOWED, ~~DIVORCED~~. (Specify): Widowed
8. DATE OF BIRTH: Dec. 26 1877
9. AGE last birthday 77 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Roofer
10B. KIND OF BUSINESS OR INDUSTRY: own business
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Martin McGrew
14. MOTHER'S MAIDEN NAME: Mary Susan Harris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 215-26-1145
17. INFORMANT & ADDRESS: Mrs. Richard L. Patchet, 466 Wyndom Terrace Holmes, Pa.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE 422.1 (A) Arterio sclerotic Cardio-vascular disease — 10 years

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1953, to Oct. 20, 1955, that I last saw the deceased alive on Oct. 20, 1955, and that death occurred at 7.50 P.M. from the causes and on the date stated above.

SIGNATURE Bernard O. Thomas Jr. M.D. ADDRESS Frederick Md DATE SIGNED Oct 22, 1955

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (SPECIFY) Burial
DATE THEREOF Oct. 24/1955
NAME OF CEMETERY ~~OR CREMATORY~~ Mt. Hope
LOCATION (City, town, or county) Woodsboro, (State) Md.

DATE REC'D BY LOCAL REGISTRAR 22 Oct. 1955
REGISTRAR'S SIGNATURE Elizabeth G. Herb
24. FUNERAL DIRECTOR G. C. Barton, Walkersville, ADDRESS Md.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09758

9733 **CERTIFICATE OF DEATH** Reg. Dist. No. 131

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) 11 Frederick
LENGTH OF STAY (in this place) 18 da
HOSPITAL OR INSTITUTION OR STREET ADDRESS 69 Fredk. Mem. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD COUNTY Frederick
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR TOWN Creagerstown X
STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED: (Type or Print) (First) CLARA (Middle) BELL (Last) Norris

4. DATE OF DEATH: (Month) Oct. (Day) 24 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) Married
8. DATE OF BIRTH: Aug. 8. 1885
9. AGE last birthday 70 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): W. Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Spicer
14. MOTHER'S MAIDEN NAME: Anna Bell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO. 218-09-0055-B
17. INFORMANT & ADDRESS: Andrew H. Norris Thurmont.R.D.I. Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE 422.1 (A) Cerebral Thrombosis - hemiphlegia right side — 2 wks.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Arteriosclerotic Cardiovascular Disease — ? Yrs.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Pneumonia, Bilateral - Friedlander's 4 wks.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/6/55, 19 , to 10/24, 1955, that I last saw the deceased alive on 10/24, 19 55, and that death occurred at 7.30 pM, from the causes and on the date stated above.

SIGNATURE Henry V. Chase M. D. ADDRESS 4 E. Church St Frederick Md DATE SIGNED 10/24/55

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (SPECIFY) Burial
DATE THEREOF Oct. 27. 1955
NAME OF CEMETERY OR CREMATORY Mt. Carmel Cem.
LOCATION (City, town, or county) (State) Thurmont. Fredk. Co. Md

DATE REC'D BY LOCAL REGISTRAR 27 October 1955
REGISTRAR'S SIGNATURE Elizabeth G. Heck.
24. FUNERAL DIRECTOR M.L. Creager & Son. ADDRESS Thurmont. MD

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

9762

09759 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 131

1. PLACE OF DEATH:

COUNTY Frederick MARYLAND

~~CITY~~ (If outside corporate limits, write RURAL OR ~~TOWN~~ and give nearest town) ½ Mile South of Rt.#40

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS George Wiles Road

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Frederick

~~CITY~~ (If outside corporate limits write RURAL and give nearest town) OR TOWN Jefferson

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) RONALD (Middle) THOMAS (Last) ODEN

4. DATE OF DEATH (Month) October (Day) 14, (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify): Married

8. DATE OF BIRTH: October 24, 1913

9. AGE last birthday: 41 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Truck Driver

10b. KIND OF BUSINESS OR INDUSTRY: Const. Co.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas D. Oden

14. MOTHER'S MAIDEN NAME: Fannie Zepp

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: 215-20-8856

17. INFORMANT & ADDRESS: Mrs. Kathleen K. Oden, Jefferson, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Fracture base of Skull — Instantaneous

DUE TO Fracture right side of Skull

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Crushed ribs both on left & right side

DUE TO

(c)

812X

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☑ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, street, office bldg., etc., OF INJURY Highway

21c. (City or town) Frederick (County) (State) Md

21d. TIME OF INJURY (Month) 10 (Day) 14 (Year) 1955 (Hour) 4:30 P.M.

21e. INJURY OCCURRED While at work ☑ Not while at work ☐

21f. HOW DID INJURY OCCUR? Caught between car & bank. Jred & wheels ran over chest

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☑, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE B O Thomas M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☑
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 10/17/55

23. BURIAL, CREMATION, ~~REMOVAL~~ (Specify): Burial

DATE THEREOF Oct. 17, 1955

NAME OF CEMETERY OR CREMATORY Frederick Memorial Park

LOCATION (City, town, or county) (State) Frederick, Maryland

DATE REC'D BY LOCAL REG. 17 October 1955

REGISTRAR'S SIGNATURE Elizabeth G. Heck

24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

9734

09760 Reg. Dist.

Item 18 Film G187 10-17-55 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No 120

1. PLACE OF DEATH: COUNTY Frederick MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Frederick

LENGTH OF STAY (in this place) Life

HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Frederick RD#2

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) AGNES (Last) Quick

4. DATE OF DEATH (Month) October (Day) 8 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH:

9. AGE last birthday: 52 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Employed

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Quick

14. MOTHER'S MAIDEN NAME: Mary Morgan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no/or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 212-24-5654

17. INFORMANT & ADDRESS: Mr Geo. R. Colbert, Woodsboro, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) P. Encephalitis	18 hours
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Virus infection	18 hrs.
DUE TO		
	(c)	

0827

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, street, office bldg., etc., OF INJURY

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE B O Thomas M D M. D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED Oct. 8, 1955

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 10/11/55

NAME OF CEMETERY OR CREMATORY Rocky Hill

LOCATION (City, town, or county) (State) Nr. Woodsboro, Md.

DATE REC'D BY LOCAL REG. 10/10/55

REGISTRAR'S SIGNATURE L E Powell

24. FUNERAL DIRECTOR G. C. Barton, Walkersville, Md.

ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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9735

09761

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 13

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
LENGTH OF STAY (In this place) 60 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
STREET ADDRESS (If rural, give location) 305 Braddock Cove

3. NAME OF DECEASED (Type or Print): (First) Margaret (Middle) Della (Last) Ramsburg
4. DATE OF DEATH (Month) Oct (Day) 3 (Year) 1955
5. SEX Female
6. COLOR OR RACE White
7. ~~SINGLE~~, MARRIED, WIDOWED, ~~DIVORCED~~, (Specify) Widow
8. DATE OF BIRTH 3/4/1885
9. AGE last birthday 70 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME John W. Bowers
14. MOTHER'S MAIDEN NAME Mary Ellen Barker
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
(If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Wm L. Ramsburg Jr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.0 Immediate cause (a) Arteriosclerotic Heart Disease with congestive failure — 1 day

Antecedent cause(s) (b)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pneumonia, bilateral — 2 days

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to 10/3, 1955, that I last saw the deceased alive on 10/3, 1955, and that death occurred at 2 30 P m., from the causes and on the date stated above.

SIGNATURE Henry V. Chase (Degree or title) M.D. ADDRESS 4 E. Church St DATE SIGNED 10/4/55

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE 10/5/55 — NAME OF CEMETERY OR CREMATORY Mt. Olivet — LOCATION (City, town, or county) (State) Frederick Frederick Md

DATE REC'D BY LOCAL REG. 4 Oct. 1955 — REGISTRAR'S SIGNATURE Elizabeth G. Heck.
24. FUNERAL DIRECTOR H. G. Carlyle — ADDRESS Frederick Md

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09762

9736

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
COUNTY FREDERICK MARYLAND
CITY OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) 11 FREDRICK
LENGTH OF STAY (in this place) 5 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 69 FREDRICK MEM. HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE KENTUCKY COUNTY LETCHER
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ WHITESBURG 55X-3
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) ALBERT (Middle) (Last) ROSS

4. DATE OF DEATH: (Month) (Day) (Year) October 28 1955

5. SEX: Male

6. COLOR OR RACE: white

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~ (Specify): MARRIED

8. DATE OF BIRTH: 12-15-1900

9. AGE last birthday 54 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): COAL MINER

10B. KIND OF BUSINESS OR INDUSTRY: COAL MINE

11. BIRTHPLACE (State or foreign country): KENTUCKY

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: SLEMING ROSS

14. MOTHER'S MAIDEN NAME: MARGARET NEWMAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) UNK (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. UNK

17. INFORMANT & ADDRESS: MRS. VIRGINIA HEWITT Poolesville Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

455X

IMMEDIATE CAUSE (A) Toxemia — INTERVAL BETWEEN ONSET AND DEATH: 5 days

DUE TO

ANTECEDENT CAUSE (S) (B) Gas gangene infection — 7 days

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) Chronic pressure necrosis of sacrum — 6 mos

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Paraplegia. — 6 years

19A. DATE OF OPERATION: —

19B. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 23 Oct, 1955, to 28 Oct, 1955, that I last saw the deceased alive on 28 Oct, 1955, and that death occurred at 5:30 PM, from the causes and on the date stated above.

SIGNATURE Melvin E. Lea M.D. ADDRESS 35 E Church St Frederick, Md. DATE SIGNED 28 Oct 55

23. ~~BURIAL~~, ~~CREMATION~~, REMOVAL (SPECIFY) Removal — DATE THEREOF 10-29-55 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State) Whitesburg, Kentucky

DATE REC'D BY LOCAL REGISTRAR 10-28-55 — REGISTRAR'S SIGNATURE Elizabeth G. Hedrick

24. FUNERAL DIRECTOR The S.H. Hines Co. ADDRESS 2801-14 22 St. N.W. Washington, DC.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

9737

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

09763

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
LENGTH OF STAY (In this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7 North Market Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
STREET ADDRESS (If rural, give location) 144 B & O Avenue

3. NAME OF DECEASED (Type or Print): (First) ROBERT (Middle) GREGORY (Last) SCHILL
4. DATE OF DEATH (Month) October (Day) 10 (Year) 1955
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, ~~MARRIED, WIDOWED, DIVORCED~~, (Specify) Single
8. DATE OF BIRTH November 17, 1903
9. AGE last birthday 51 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor & Repairman
10b. KIND OF BUSINESS OR INDUSTRY Board of Education
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME John E. Schill
14. MOTHER'S MAIDEN NAME Louise M. Topper
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 214-10-4367
17. INFORMANT AND ADDRESS Mrs. John E. Cooper - Frederick, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1
Immediate cause (a) Coronary Occlusion — Minutes

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE B. O. Thomas M.D. (Degree or title) Deputy Medical Examiner ADDRESS Frederick, Md DATE SIGNED 10/10/55

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) Burial
DATE THEREOF 10 - 12 - 55
NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery
LOCATION (City, town, or county) Frederick, (State) Maryland
DATE REC'D BY LOCAL REG. 12 October, 1955
REGISTRAR'S SIGNATURE Elizabeth G. Heck
24. FUNERAL DIRECTOR C. E. Cline & Son - Frederick, Maryland ADDRESS

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9738

CERTIFICATE OF DEATH

Reg. Dist. No. 09764 / 31

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Frederick
LENGTH OF STAY (in this place) 5 da
HOSPITAL OR INSTITUTION OR STREET ADDRESS 169 Frederick Memorial HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Frederick
~~CITY~~ OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Emmitsburg Rural X
STREET ADDRESS (If rural give location) /

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) LOUISE (Last) SELTZER

4. DATE OF DEATH: (Month) Oct. (Day) 23. (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~ (Specify) Married
8. DATE OF BIRTH: July 16th 1890
9. AGE last birthday 65 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Penna.
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Alexander Knott
14. MOTHER'S MAIDEN NAME: Annie Bowman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO. No
17. INFORMANT & ADDRESS: J.Edward Seltzer Emmitsburg R.D.Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

199.9

IMMEDIATE CAUSE (A) Generalized Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 6 Mos.

DUE TO

ANTECEDENT CAUSE (S) (B) (Primary Site undetermined)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Pathological Fracture Femur, left.

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) — M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 18 Oct, 1955, to 23 Oct, 1955, that I last saw the deceased alive on 23 Oct, 1955, and that death occurred at 10:40 A M, from the causes and on the date stated above.

SIGNATURE Melvin E. Lea M.D. M.D. ADDRESS 35 E Church St Frederick, Md DATE SIGNED 30 Oct 55

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (SPECIFY) Burial
DATE THEREOF Oct. 26th. 1955
NAME OF CEMETERY OR CREMATORY St. Anthony Cem.
LOCATION (City, town, or county) (State) St. Anthony Fredk. Co. Md

DATE REC'D BY LOCAL REGISTRAR 25 October 1955
REGISTRAR'S SIGNATURE Elizabeth G. Heck.
24. FUNERAL DIRECTOR M.L. Creager & Son. ADDRESS Thurmont. Md

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

9739

09765
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No.

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Boyds
STREET ADDRESS (If rural, give location) 15 x 2

3. NAME OF DECEASED: (Type or Print) (First) Davis (Middle) W. (Last) Simpson

4. DATE OF DEATH (Month) October (Day) 15 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 8/27/1883
9. AGE last birthday: 72 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Farm Owner
11. BIRTHPLACE (State or foreign country): Dayton, Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Hamilton H. Simpson
14. MOTHER'S MAIDEN NAME: Laura B. Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 214-30-2230
17. INFORMANT & ADDRESS: Mrs. Walter Brown, Dayton, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

420.2
Immediate cause (a) Angina pectoris — 2 hrs.
DUE TO
Antecedent cause(s) (b)
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21c. (City or town) (County) (State)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE B. Thomas M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED Oct. 15-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 10-19-55
NAME OF CEMETERY OR CREMATORY Providence
LOCATION (City, town, or county) (State) Glenelg, Md.

DATE REC'D BY LOCAL REG. 10/18/55
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR F.C. Higinbothom
ADDRESS Ellicott City, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09766

9740

CERTIFICATE OF DEATH

Reg. Dist. No. 13

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) 11 Frederick
LENGTH OF STAY (in this place) 40 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Three Pines Nursing Home 90

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Pennsylvania COUNTY
~~CITY~~ OR TOWN (If outside corporate limits, write RURAL and give nearest town) Latrobe
STREET ADDRESS (If rural give location) 75 X-3

3. NAME OF DECEASED: (Type or Print) (First) CARROLL (Middle) LEE (Last) SMITH

4. DATE OF DEATH: (Month) Oct. (Day) 18 (Year) 1955

5. SEX: M
6. COLOR OR RACE: W
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify): Married
8. DATE OF BIRTH: March 4, 1875
9. AGE last birthday 80 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Restaurant
10B. KIND OF BUSINESS OR INDUSTRY: own business
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: James P. Smith
14. MOTHER'S MAIDEN NAME: Alice Barrick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mr. John A. G. Smith, 101 E. Church St, Fred, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

164 X

IMMEDIATE CAUSE (A) Bronchopneumonia — 3 weeks

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Malignancy, mediastinal, type unknown DUE TO — months

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 30, 1955, to Oct. 18, 1955, that I last saw the deceased alive on Sept 30, 1955, and that death occurred at 7.45 A.M, from the causes and on the date stated above.

SIGNATURE Robert L. Turner Jr. M. D. ADDRESS 7 E. Church St. Frederick, Md. DATE SIGNED 10-19-55

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (SPECIFY): Burial
DATE THEREOF Oct. 19 1955
NAME OF CEMETERY ~~OR CREMATORY~~: Mt. Hope
LOCATION (City, town, or county) Woodsboro (State) Md.

DATE REC'D BY LOCAL REGISTRAR 19 October 1955
REGISTRAR'S SIGNATURE Elizabeth G. Heck.
24. FUNERAL DIRECTOR G. C. Barton, Walkersville
ADDRESS Md.

VS. A15 — 10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9741

CERTIFICATE OF DEATH

09767

Reg. Dist. No. 131

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Frederick
LENGTH OF STAY (in this place) 1 day
11
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Mem. Hospital
69

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Carroll
~~CITY~~ OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Ridgeville 06X-2
STREET ADDRESS (If rural give location) Rural --Mt. Airy

3. NAME OF DECEASED: (Type or Print) (First) Ernest (Middle) (Last) Smith

4. DATE OF DEATH: (Month) (Day) (Year) Oct. 4, 1955

5. SEX: male
6. COLOR OR RACE: white
7. ~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~. (Specify): widowed
8. DATE OF BIRTH: 12-25-1869
9. AGE last birthday: 85 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY: Misc.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Charles Smith
14. MOTHER'S MAIDEN NAME: Sarah Ann Becraft

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

490X
IMMEDIATE CAUSE (A) Lobar Pneumonia, left lower lobe — 4-5 days.
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Cirrhosis of the liver — ?

19A. DATE OF OPERATION: 2
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/3, 1955, to 10/4, 1955, that I last saw the deceased alive on 10/4, 1955, and that death occurred at 10 15 AM, from the causes and on the date stated above.

SIGNATURE Henry V. Chase M. D. ADDRESS 4 E. Church St DATE SIGNED 10/4/55

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (SPECIFY): BURIAL
DATE THEREOF: 10-6-1955
NAME OF CEMETERY OR ~~CREMATORY~~: Pine Grove
LOCATION (City, town, or county) (State): Mt. Airy, Maryland

DATE REC'D BY LOCAL REGISTRAR: 5 Oct 1955
REGISTRAR'S SIGNATURE: Elizabeth G. Hack
24. FUNERAL DIRECTOR: C. M. Waltz
ADDRESS: Winfield, Maryland

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9763

CERTIFICATE OF DEATH

09768

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND

~~CITY~~ OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Frederick-Rural RD#5 X

LENGTH OF STAY (in this place) Years

HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Frederick County Chronic Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick

~~CITY~~ OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Frederick-Rural RD#5 X

STREET ADDRESS (If rural give location) / Montevue

3. NAME OF DECEASED: (Type or Print) (First) JOSEPH (Middle) WALTER (Last) SMITH

4. DATE OF DEATH: (Month) (Day) (Year) October 20, 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Unknown

8. DATE OF BIRTH: 12 Feb 1877

9. AGE last birthday 78 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Unknown

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

561.5

IMMEDIATE CAUSE (A) Intestinal Obstruction — 5 day

DUE TO

ANTECEDENT CAUSE (B) Strangulated hernia (inguinal) — 5 days.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO

(C) Arterio-sclerotic Cardio-vascular disease — 10 years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Prostatic hypertrophy with urinary retention — 2 weeks

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 3, 1955, to Oct. 20, 1955, that I last saw the deceased alive on Oct. 19, 1955, and that death occurred at 4:40A M, from the causes and on the date stated above.

SIGNATURE Bernard O. Hanna Jr. M.D. M. D. ADDRESS Frederick, Maryland DATE SIGNED 20 Oct 1955

23. ~~BURIAL, CREMATION,~~ REMOVAL (SPECIFY) Removal

DATE THEREOF 20 Oct 1955

NAME OF CEMETERY OR CREMATORY Anatomical Board

LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 20 Oct. 1955

REGISTRAR'S SIGNATURE Elizabeth S. Herb

24. FUNERAL DIRECTOR ADDRESS M. R. Etchison & Son, Frederick, Maryland

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10-53

I

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9742

CERTIFICATE OF DEATH

09769

Reg. Dist. No. 140

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Woodsboro
LENGTH OF STAY (in this place) 64 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Frederick
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Woodsboro X
STREET ADDRESS (If rural give location) /

3. NAME OF DECEASED: (Type or Print) (First) MRS MINNIE (Middle) FLORENCE (Last) SMITH

4. DATE OF DEATH: (Month) Oct (Day) 15 (Year) 1955

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Jan. 12, 1872
9. AGE last birthday 83 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John H. Baer
14. MOTHER'S MAIDEN NAME: Annie S. Ramsburg

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT & ADDRESS: Mr. Allen R. Smith, Woodsboro, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
443X IMMEDIATE CAUSE	(A) Cerebral thrombosis	10 hours
ANTECEDENT CAUSE (S) DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) Arteriosclerotic CVD	10 years
DUE TO	(C) Hypertensive CVD	20 years (?)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1954, to 14 Oct., 1955, that I last saw the deceased alive on 14 Oct., 1955, and that death occurred at 2 P M, from the causes and on the date stated above.

SIGNATURE James G. Stone Jr. M. D. ADDRESS Walkersville Md DATE SIGNED 10/17/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Oct. 18, 1955
NAME OF CEMETERY ~~OR CREMATORY~~ Mt. Hope
LOCATION (City, town, or county) (State) Woodsboro Md.

DATE REC'D BY LOCAL REGISTRAR 10/17/55
REGISTRAR'S SIGNATURE L. E. Powell
24. FUNERAL DIRECTOR L. C. Barton, ADDRESS Walkersville, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09770

9764

CERTIFICATE OF DEATH

Reg. Dist. No. 81

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Kemmer Road
LENGTH OF STAY (In this place) Eureka
HOSPITAL OR INSTITUTION OR STREET ADDRESS near Johnsville

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Kemmer Road
STREET ADDRESS (If rural give location) near Johnsville

3. NAME OF DECEASED: (Type or Print) (First) MICHAEL (Middle) S. (Last) SPARKMAN

4. DATE OF DEATH: (Month) October (Day) 14 (Year) 1955

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single
8. DATE OF BIRTH: Aug. 28-55
9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Bruce Sparkman
14. MOTHER'S MAIDEN NAME: Hazel Black

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no
(If Yes, give war or dates of service) no
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: B. Sparkman, Johnsville, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Auto intoxication — Interval Between Onset And Death: 2 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Food not agreeing — 2

DUE TO

(c)

772.0

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-12, 1955 to 10-13-, 1955 that I last saw the deceased alive on 10-13, 1955, and that death occurred at 6:15 AM, from the causes and on the date stated above.

SIGNATURE J. H. Legg (Degree or title) MD ADDRESS Union Bridge DATE SIGNED 10-14-55 Md

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 10/15/55
NAME OF CEMETERY OR CREMATORY Brethren Cem.
LOCATION (City, town, or county) Thurmont (State) Md

DATE REC'D BY LOCAL REGISTRAR Oct. 14, 1955
REGISTRAR'S SIGNATURE Lisle L. Repp.

24. FUNERAL DIRECTOR D. D. Hartzler & Sons
ADDRESS Union Bridge, Md

208535X397

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09771

9743

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

COUNTY Frederick MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ 11 Frederick

LENGTH OF STAY (in this place) Lifetime

HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 5 North Bentz Street

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Frederick

CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick 11

STREET ADDRESS (If rural give location) 1 5 North Bentz Street

3. NAME OF DECEASED: (Type or Print) (First) ADDIE (Middle) ESTELLE (Last) STUP

4. DATE OF DEATH: (Month) October (Day) 11 (Year) 19 55

5. SEX: Female

6. COLOR OR RACE: White

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify): Married

8. DATE OF BIRTH: February 19, 1896

9. AGE last birthday: 59 yrs.

IF UNDER 1 YEAR: Months | Days

IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles T. Fagan

14. MOTHER'S MAIDEN NAME: Addie M. Fraley

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mr. Charles W. Stup - Frederick, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
260X Immediate cause	(a) Arteria-sclerotic Cornary artery disease	3 years
DUE TO		
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) Diabetes Mellitus	8 years
DUE TO		
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 2, 1953, to Oct. 11, 1955, that I last saw the deceased alive on Oct. 2, 1955, and that death occurred at 4:45 A.M., from the causes and on the date stated above.

SIGNATURE Bernard O. Thomas Jr. (Degree or title) M.D. ADDRESS Frederick Md. DATE SIGNED Oct. 12, 1955

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify) Burial

DATE THEREOF 10/14/1955

NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery

LOCATION (City, town, or county) Frederick, (State) Maryland

DATE REC'D BY LOCAL REGISTRAR 13 October 1955

REGISTRAR'S SIGNATURE Elizabeth G. Heck

24. FUNERAL DIRECTOR C. E. Cline & Son - Frederick, Maryland ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09772

9765

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cullen
LENGTH OF STAY (in this place) 62 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Victor Cullen State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perryville 07X-2
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Willis (Last) Thompson

4. DATE OF DEATH: (Month) Oct. (Day) 19, (Year) 19 55

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Jan. 22, 1904
9. AGE last birthday 51 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck driver
10B. KIND OF BUSINESS OR INDUSTRY: Truck driver.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James N. Thompson
14. MOTHER'S MAIDEN NAME: Sarah Harris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 216-01-8521
17. INFORMANT & ADDRESS: Patient, Mr. James Willis Thompson

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

163X

IMMEDIATE CAUSE (A) Cardio-respiratory failure. — few minutes

DUE TO

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Acute Pontocaine intoxication. — few minutes.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Carcinoma of lung — 9 months.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 18, 1955, to Oct. 19, 1955 that I last saw the deceased alive on Oct. 19, 1955, and that death occurred at 12:30 p.m., from the causes and on the date stated above.

SIGNATURE [signature] M. D. ADDRESS Cullen, Maryland DATE SIGNED October 21, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 10-22-55 — NAME OF CEMETERY OR CREMATORY Asbury Cem. — LOCATION (City, town, or county) (State) Port Deposit, Md.

DATE REC'D BY LOCAL REGISTRAR 10/21/55 — REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9765

CERTIFICATE OF DEATH

Reg. Dist. No. 09773 / 3

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
~~CITY~~ OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Mt. Pleasant
LENGTH OF STAY (in this place) 1 wk.
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Frederick
~~CITY~~ OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural, Le Gore X
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) HENRY (Last) TOMS

4. DATE OF DEATH: (Month) Oct (Day) 1 (Year) 1955

5. SEX: M
6. COLOR OR RACE: W
7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED~~, (Specify): widowed
8. DATE OF BIRTH: Dec 18 1872
9. AGE last birthday 82 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10B. KIND OF BUSINESS OR INDUSTRY: Tenant
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Henry Toms
14. MOTHER'S MAIDEN NAME: Elizabeth Wright

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 216-22-1647
17. INFORMANT & ADDRESS: Mr. Elwood Toms, Le Gore, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 422.1 (A) Arteri-sclerotic Cardio-vascular disease — INTERVAL BETWEEN ONSET AND DEATH 20 years

DUE TO

ANTECEDENT CAUSE (S) (B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jun 1, 1954, to Oct 1, 1955, that I last saw the deceased alive on Sept 30, 1955, and that death occurred at 2 A.M, from the causes and on the date stated above.

SIGNATURE Bernard O. Fleming M.D. ADDRESS Frederick, Md. DATE SIGNED Oct 3, 1955

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (SPECIFY) Burial
DATE THEREOF Oct. 4, 1955
NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery
LOCATION (City, town, or county) (State) Woodsboro, Fred Co., Md.

DATE REC'D BY LOCAL REGISTRAR 3 Oct 1955
REGISTRAR'S SIGNATURE Elizabeth G. Hoke
24. FUNERAL DIRECTOR G. C. Barton, Walkersville, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

9714

09774

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
~~CITY~~ OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Frederick | LENGTH OF STAY (in this place) 11
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Frederick County Chronic Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Frederick 11
STREET ADDRESS (If rural, give location) Montevue Ave 4th Flt Ext

3. NAME OF DECEASED (Type or Print) (First) Alexander (Middle) (Last) Tyler
4. DATE OF DEATH (Month) October (Day) 25 (Year) 1955
5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) Single
8. DATE OF BIRTH Feb. 14-1928
9. AGE last birthday 27 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Unknown
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Robert Tyler
14. MOTHER'S MAIDEN NAME Daisey Nelson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If year, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Montevue Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

7590 Immediate cause (a) Chronic Bronchitis — 5 yrs.

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Cystic degeneration lungs (congenital) — Life

(c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1953, to Oct 25, 1955, that I last saw the deceased alive on Oct 24, 1955, and that death occurred at 10:40 A m., from the causes and on the date stated above.

SIGNATURE H H Keure | (Degree or title) M. D. | ADDRESS Frederick, Maryland | DATE SIGNED 25 Oct 1955

23. ~~BURIAL~~, CREMATION, REMOVAL (Specify) Removal | DATE 26 Oct 1955 | NAME OF CEMETERY OR CREMATORY Anatomical Board | LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REG. 25 Oct 1955 | REGISTRAR'S SIGNATURE Elizabeth G. Heck

24. FUNERAL DIRECTOR M. R. Etchison & Son | ADDRESS Frederick, Maryland

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09775

9767

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND

~~CITY~~ OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Middletown-Rural-R.D.#1

LENGTH OF STAY (in this place) 5 Years

HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick

~~CITY~~ OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Middletown-Rural-R.D.#1

STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) DAISY (Middle) VIOLET (Last) VALENTINE

4. DATE OF DEATH: (Month) October (Day) 5, (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. ~~SINGLE, MARRIED, WIDOWED~~, DIVORCED. (Specify) Divorced

8. DATE OF BIRTH: October 14, 1879

9. AGE last birthday 75 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10B. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph H. Black

14. MOTHER'S MAIDEN NAME: Matilda C. Norris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Mrs. Ruhland C. Boyer, Middletown, R.D.#1, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

600.0

IMMEDIATE CAUSE (A) Bronchopneumonia — 3 days.

DUE TO

ANTECEDENT CAUSE (B) Pyelonephritis — 2 months

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Hypertensive Cardiovascular disease — 10 years!

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec., 1954, to Oct. 5, 1955, that I last saw the deceased alive on Oct. 5, 1955, and that death occurred at 10:20 A.M., from the causes and on the date stated above.

SIGNATURE J. R. Schoolman M.D. ADDRESS Frederick, Maryland DATE SIGNED 10/6/1955

23. BURIAL, ~~CREMATION, REMOVAL~~ (SPECIFY) Burial — DATE THEREOF Oct. 9, 1955 — NAME OF CEMETERY OR CREMATORY Mt. Tabor Cemetery — LOCATION (City, town, or county) (State) Frederick County, Maryland

DATE REC'D BY LOCAL REGISTRAR 7 Oct. 1955 — REGISTRAR'S SIGNATURE Elizabeth G. Heck.

24. FUNERAL DIRECTOR M. R. Etchison & Son — ADDRESS Frederick, Maryland

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9768

CERTIFICATE OF DEATH

Reg. Dist. No. 09776 131

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
~~CITY~~ OR TOWN (If outside corporate limits, write RURAL and give nearest town) Doubs
LENGTH OF STAY (in this place) Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
~~CITY~~ OR TOWN (If outside corporate limits, write RURAL and give nearest town) Doubs
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) ALBERT (Middle) WILLIAM (Last) WALTER

4. DATE OF DEATH: (Month) October (Day) 15, (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED~~ (Specify): Widower
8. DATE OF BIRTH: Nov. 13, 1875
9. AGE last birthday 79 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Carpenter
10B. KIND OF BUSINESS OR INDUSTRY: B. & O. R. R.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles F. Walter
14. MOTHER'S MAIDEN NAME: Eugenia Ellen Kessler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Mr. Lawrence A. Walter, Doubs, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

IMMEDIATE CAUSE (A) Cerebral hemorrhage

DUE TO

ANTECEDENT CAUSE (S) (B) Arteriosclerosis

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH: 20 mi

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. —

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/13, 1952 to 10/15, 1955, that I last saw the deceased alive on 10/15, 1955, and that death occurred at 6:15P M, from the causes and on the date stated above.

SIGNATURE C. Lucas Pric M. D. ADDRESS Jefferson, Maryland DATE SIGNED 10-17-1955

23. BURIAL, ~~CREMATION,~~ ~~REMOVAL~~ (SPECIFY) Burial
DATE THEREOF October 18, 1955
NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery
LOCATION (City, town, or county) (State) Frederick, Maryland

DATE REC'D BY LOCAL REGISTRAR 19 October 1955
REGISTRAR'S SIGNATURE Elizabeth G. Heck
24. FUNERAL DIRECTOR M. R. Etchison & Son
ADDRESS Frederick, Maryland

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

9769

CERTIFICATE OF DEATH

09777

Reg. Dist. No. 138

1. PLACE OF DEATH · COUNTY: Frederick · MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland · COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: New Market · LENGTH OF STAY (in this place): 4 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: New Market
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —	STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED (Type or Print)	(First) Annie	(Middle) Eliza	(Last) Ways	4. DATE OF DEATH (Month) October (Day) 24 (Year) 1955
5. SEX: Female	6. COLOR OR RACE: Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow	8. DATE OF BIRTH: UNKNOWN	9. AGE last birthday: ABOUT 80 yrs. · If under 1 year: Months. Days · If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWORK	10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME	11. BIRTHPLACE (State or foreign country): MARYLAND	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: UPTON CRAMPTON		14. MOTHER'S MAIDEN NAME: HARRIET MASON		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): — · (If year, give war or dates of service): —	16. SOCIAL SECURITY NO.: —	17. INFORMANT AND ADDRESS: LAVINA HOLLAND NEW MARKET MD		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0

Immediate cause (a) Generalized Arteriosclerosis

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: several years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1952, to October, 1955, that I last saw the deceased alive on October 23, 1955, and that death occurred at 9 30 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W. B. Culwell	M.D.	Mt. Airy Md.	October 24, 1955

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	OCT 29-55	SIMPSONS CHAPEL	NEW MARKET MD

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
OCT 26-55	Lucian H Falconer	W E Falconer	New Market Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

09778

1 9745

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
LENGTH OF STAY (in this place) 32 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 152 W. All Saints St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Fred.
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
STREET ADDRESS (If rural, give location) 152 W. All Saints St.

3. NAME OF DECEASED (Type or Print) (First) Joseph (Middle) (Last) Williams
4. DATE OF DEATH (Month) Oct. (Day) 28 (Year) 1955
5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, ~~MARRIED, WIDOWED, DIVORCED~~ (Specify) Single
8. DATE OF BIRTH May 5, 1888
9. AGE last birthday 67 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer Stone Quarry
10b. KIND OF BUSINESS OR INDUSTRY ******
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 214-10-1574
17. INFORMANT AND ADDRESS Anna M. Ball 129 W. All Saints St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

Immediate cause (a) Coronary thrombosis — 4 hr.?

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home (CITY OR TOWN) Frederick (COUNTY) Frederick (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE B. Thomas M.D. (Degree or title) Deputy Medical Examiner ADDRESS Frederick, Md DATE SIGNED Oct 29 55

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) Burial | DATE THEREOF Oct. 30-55 | NAME OF CEMETERY OR ~~CREMATORY~~ Fairview | LOCATION (City, town, or county) Frederick (State) Md.

DATE REC'D BY LOCAL REG. 29 Oct. 1955 | REGISTRAR'S SIGNATURE Elizabeth G. Heck

24. FUNERAL DIRECTOR Charles E. Hicks III ADDRESS Fred. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

09779

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9770

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
~~CITY~~ OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) X Rural
LENGTH OF STAY (in this place) Life long
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
~~CITY~~ OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Rural - Frederick X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) EMMA (Middle) (Last) ZIMMERMAN

4. DATE OF DEATH: (Month) Oct (Day) 14 (Year) 1955

5. SEX: F
6. COLOR OR RACE: White
7. ~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~ (Specify): Widowed
8. DATE OF BIRTH: Feb 12, 1867
9. AGE last birthday 88 yrs. IF UNDER 1 YEAR: Months 8 Days 2 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Frederick County Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George W. Harris
14. MOTHER'S MAIDEN NAME: Mary Ellen Staley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: W. L. Smith Son in law Rt # 5 Frederick Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
422.1 IMMEDIATE CAUSE	(A) BRONCHIAL PNEOMONIA	1 WEEK
DUE TO		
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) CEREBRAL THROMBOSIS	2 WEEKS
DUE TO		
	(C) ARTERIOSCLEROTIC CVD	20 YEARS

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11 Oct, 1955, to 14 Oct, 1955, that I last saw the deceased alive on 13 Oct, 1955, and that death occurred at 6:20 AM, from the causes and on the date stated above.

SIGNATURE James E. Stover Jr. M. D. ADDRESS Walkersville Md DATE SIGNED 14 October 1955

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (SPECIFY) BURIAL
DATE THEREOF Oct 16, 1955
NAME OF CEMETERY OR CREMATORY Zion Reformed Church Cemetery
LOCATION (City, town, or county) (State) Charlesville Md

DATE REC'D BY LOCAL REGISTRAR 14 Oct. 1955
REGISTRAR'S SIGNATURE Elizabeth G. Hek
24. FUNERAL DIRECTOR O E Bailey
ADDRESS Frederick, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53